



PTO/SB/22 (12-04)  
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|   |                                  |   |                         |
|---|----------------------------------|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br>FY 2005<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |                                  | Docket Number (Optional)<br><b>1177-9</b> |                         |
| Application Number <b>09/774,145</b>  |                                  | Filed <b>January 30, 2001</b>             |                         |
| For <b>ULTRASONIC WOUND TREATMENT METHOD AND DEVICE USING STANDING WAVES</b>  |                                  |   |                         |
| Art Unit <b>3737</b>  |                                  | Examiner <b>Shawna J. Shaw</b>            |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |   |                         |
|   |                                  | <u>Fee</u>                                | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))    | \$120                                     | \$60                    |
| <input checked="" type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))   | \$450                                     | \$225                   |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1020                                    | \$510                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1590                                    | \$795                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2160                                    | \$1080                  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |   |                         |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.   |                                  |   |                         |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |   |                         |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                  |   |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2140</u> . I have enclosed a duplicate copy of this sheet.                     |                                  |   |                         |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |                                  |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |                                  |   |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,067</u>  |                                  |   |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                                  |   |                         |
| <u>David M. Carter</u><br>Signature   |                                  | <u>January 31, 2005</u><br>Date           |                         |
| <u>David M. Carter</u><br>Typed or printed name   |                                  | <u>631-501-5700</u><br>Telephone Number   |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                                  |   |                         |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.  |                                  |   |                         |

CERTIFICATION UNDER 37 C.F.R. §1.8(a)  
I hereby certify that this correspondence is being deposited with the United States Postal Service on date below as first class mail, postpaid in an envelope, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 31, 2005

Adrienne Fagan  
Adrienne Fagan